

# DESCRIPTION OF A HEPATITIS C TREATMENT PROGRAM CO-LOCATED AT A SYRINGE EXCHANGE PROGRAM IN NEW YORK CITY

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## Collaboration Between Academic Medical Center and SEP

- Washington Heights Corner Project
  - Organization providing syringe exchange and other harm reduction services to people who use drugs
  - Onsite case management, nursing care, and HCV testing grant
  - Medical exam rooms onsite
- NYP Comprehensive Health Program
  - NYP CUMC HIV/ID clinic located on 168<sup>th</sup> St. in Washington Heights
  - Designated AIDS Center with broad range of onsite services
  - Provide comprehensive HCV care for both HIV coinfecting and HCV monoinfected

## Program Structure

- Collaboration between CHP and Washington Heights Corner Project
  - Funded by NYS AIDS Institute grant
  - Began December 2015
- Physician on-site at SEP one day/week.
- Provide clients of the Washington Heights Corner Project who are HCV infected with HCV treatment and other medical services
- Focus on case management, support services, and adherence support

## Program Structure

- Initial Visit with Linkage Manager
  - Detailed assessment of potential barriers to care
- Referred to on-site physician for full visit
  - History and physical
  - Labs drawn and sent to NYP core lab
  - Referrals for fibroscan, ultrasound, subspecialty care (incl. psych and buprenorphine) if necessary
- Initially \$10 cash card at first two visits
- Peer educators
  - Weekly HCV group education
  - Escort/Transport
  - Outreach and recruitment of new clients

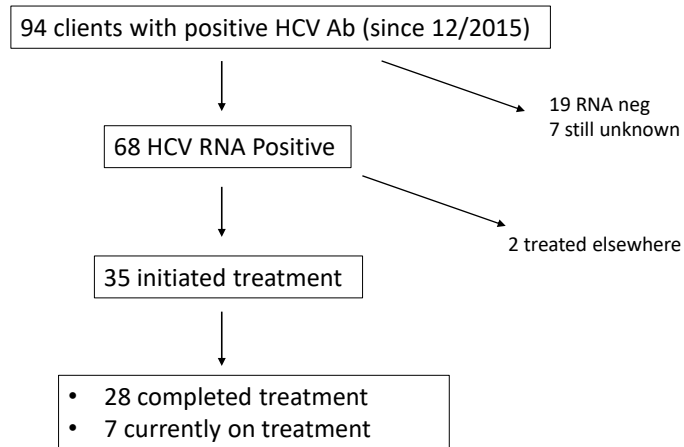
## Data Collection and Case Conferencing

- Run by program coordinator
- Weekly conference attended by linkage manager, peers, physician
- Discuss each patient on treatment and discuss barriers to treating those who have not yet been treated
- Data collected into spreadsheet for both QI and mandated reporting

## Medication Administration

- Partnership with specialty pharmacy
- Medications delivered to safe at WHCP
- Distributed by linkage manager
  - Monthly
  - Weekly
  - DOT
  - In outreach setting

## Program Statistics



## Participant Characteristics

| Demographic Characteristic | N (%)    |
|----------------------------|----------|
| Gender                     |          |
| Male                       | 29 (83%) |
| Female                     | 6 (17%)  |
| Race/Ethnicity             |          |
| White                      | 17 (49%) |
| African-American           | 5 (14%)  |
| Latino (any race)          | 13 (37%) |
| HCV Genotype               |          |
| 1a                         | 20 (57%) |
| 1b                         | 5 (14%)  |
| 2                          | 1 (3%)   |
| 3                          | 8 (23%)  |
| 4                          | 1 (3%)   |
| Fibrosis Stage             |          |
| F0-2                       | 23 (66%) |
| F3                         | 5 (14%)  |
| F4                         | 6 (17%)  |
| Unk                        | 1 (3%)   |

## Participant Characteristics

- Mean age 50.6 (range 29-72)
  - 15/35 (43%) born after 1965
- 26/35 (74%) IVDU during treatment or in the 6 mo. prior
- 9/35 (26%) on OST
  - 2/9 on buprenorphine initiated during the HCV treatment
  - 7/9 on MMT
- 13/35 (37%) undomiciled

## Outcomes

- Of those assessed for SVR12, 24/24 (100%) achieved SVR12
- 2 clients >12 weeks post tx lost to f/u.
  - Both had undetectable HCV VL at or near EOT
- 2 clients completed treatment <12 weeks ago
  
- 1 client who achieved SVR12 has since died of opioid o/d

## Conclusions

- Further evidence that active PWID can be treated for HCV with SVR rates similar to clinical trials
- People need not be on OST in order to achieve SVR
- Necessity of intensive case management/peer services and embeddedness within harm reduction program

## Program Staff/Acknowledgements

- Anna Andel, MPH, Program Coordinator
  - Christine Fitzsimmons, RN
  - Billy Garcia, Linkage to Care Specialist
  - Marcus Paulino, Peer Educator
  - Emma Molina, Program Coordinator
  - Jimmy Ruiz, Peer Educator
  - Synn Stern, RN
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